

1 10A NCAC 13P .0201 is proposed for amendment as follows:
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3 **10A NCAC 13P .0201 EMS SYSTEM REQUIREMENTS**

4 (a) County governments shall establish EMS Systems. Each EMS System shall have:

- 5 (1) a defined geographical service area for the EMS System. The minimum service area for an EMS
6 System shall be one county. There may be multiple EMS Provider service areas within the service
7 area of an EMS System. The highest level of care offered within any EMS Provider service area
8 must be available to the citizens within that service area 24 hours per day;
- 9 (2) a defined scope of practice for all EMS personnel, functioning in the EMS System, within the
10 parameters set forth by the North Carolina Medical Board pursuant to G.S. 143-514;
- 11 (3) ~~a written plan~~ written policies and procedures describing the ~~dispatch and coordination~~ dispatch,
12 coordination and oversight of all responders that provide EMS ~~care~~ care, specialty patient care
13 skills and procedures as defined in Rule .0301(a)(4) of this Subchapter, and ambulance transport
14 within the system;
- 15 (4) at least one licensed EMS ~~provider. For those systems with providers operating within the EMD,~~
16 ~~EMT I, or EMT P scope of practice, there shall be a plan for medical oversight required by~~
17 ~~Section .0400 of this Subchapter;~~ Provider;
- 18 (5) ~~an identified number~~ a listing of permitted ambulances to provide coverage to the service area 24
19 hours per day;
- 20 (6) personnel credentialed to perform within the scope of practice of the system and to staff the
21 ambulance vehicles as required by G.S. 131E-158. There shall be a written plan for the use of
22 credentialed EMS personnel for all practice settings used within the system;
- 23 (7) ~~a mechanism to collect and electronically submit to the OEMS data that uses the EMS data set and~~
24 ~~data dictionary as specified in "North Carolina College of Emergency Physicians: Standards for~~
25 ~~Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-~~
26 ~~21.6, including subsequent amendments and additions. This document is available from the~~
27 ~~OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699 2707, at no cost. EMS Systems~~
28 ~~shall comply with this requirement by July 1, 2004;~~ documented policies and procedures specific
29 to the utilization of the EMS System's EMS Care data for the daily and on-going management of
30 all EMS System resources;
- 31 (8) a written ~~infection control policy~~ Infectious Disease Control Policy as defined in Rule .0102(31)
32 of this Subchapter and documented procedures which are approved by the EMS System medical
33 director that addresses address the cleansing and disinfecting of vehicles and equipment that are
34 used to treat or transport patients;
- 35 (9) ~~a written plan to provide orientation to personnel on EMS operations and related issues for~~
36 ~~hospitals routinely receiving patients from the EMS System;~~

- 1 ~~(10)~~ (9) a listing of facilities that will provide online medical direction for ~~systems with providers~~
2 operating within the EMT, EMT I, or EMT P scope of practice. To provide online medical
3 direction, the facility shall have:
- 4 ~~(A)~~ availability of a physician, MICN, EMS NP, or EMS PA to provide online medical
5 direction to EMS personnel during all hours of operation of the facility;
- 6 ~~(B)~~ a written plan to provide physician backup to the MICN, EMS NP, or EMS PA providing
7 online medical direction to EMS personnel;
- 8 ~~(C)~~ a mechanism for persons providing online medical direction to provide feedback to the
9 EMS Peer Review Committee; and
- 10 ~~(D)~~ a written plan to provide orientation and education regarding treatment protocols for
11 those individuals providing online medical direction;
- 12 all EMS Providers operating within the EMS System;
- 13 ~~(11)~~ a written plan to ensure that each facility that routinely receives patients and also offers clinical
14 education for EMS personnel provides orientation and education to all preceptors regarding
15 requirements of the EMS System;
- 16 ~~(12)~~ a written plan for providing emergency vehicle operation education for system personnel who
17 operate emergency vehicles;
- 18 ~~(13)~~ (10) an EMS communication system that provides for:
- 19 (A) public access using the emergency telephone number 9-1-1 within the public dial
20 telephone network as the primary method for the public to request emergency assistance.
21 This number shall be connected to the emergency communications center or ~~Public~~
22 ~~Safety Answering Point (PSAP)~~ PSAP with immediate assistance available such that no
23 caller will be instructed to hang up the telephone and dial another telephone number. A
24 person calling for emergency assistance shall ~~never~~ not be required to speak with more
25 than two persons to request emergency medical assistance;
- 26 (B) an emergency communications system operated by public safety telecommunicators with
27 training in the management of calls for medical assistance available 24 hours per day;
- 28 (C) dispatch of the most appropriate emergency medical response unit or units to any caller's
29 request for assistance. The dispatch of all response vehicles shall be in accordance with
30 an official ~~written~~ documented EMS System plan for the management and deployment of
31 response vehicles including requests for mutual aid; and
- 32 (D) two-way radio voice communications from within the defined service area to the
33 emergency communications center or PSAP and to facilities where patients are routinely
34 transported. The emergency communications system shall maintain all required ~~Federal~~
35 ~~Communications Commission (FCC)~~ FCC radio licenses or ~~authorizations required;~~
36 authorizations;

~~(14)~~ (11) a written plan written policies and procedures for addressing the use of Specialty Care Transport Programs SCTP and Air Medical Programs within the system;

~~(15)~~ (12) a written continuing education plan program for all credentialed EMS personnel personnel, under the direction of a System Continuing Education Coordinator, developed and modified based on feedback from system EMS Care data, review, and evaluation of patient outcomes and quality management peer reviews, that follows the guidelines of the:

- (A) "US DOT NHTSA First Responder Refresher: National Standard Curriculum" for MR personnel;
- (B) "US DOT NHTSA EMT-Basic Refresher: National Standard Curriculum" for EMT personnel;
- (C) "EMT-P and EMT-I Continuing Education National Guidelines" for EMT-I and EMT-P personnel; and
- (D) "US DOT NHTSA Emergency Medical Dispatcher: National Standard Curriculum" for EMD personnel.

These documents are incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and additions. These documents are available from NHTSA, 400 7th Street, SW, Washington, D.C. 20590, at no cost; and

~~(16) a written plan addressing the orientation of MICN, EMS NP, or EMS PA used in the system. The orientation program shall include the following:~~

- ~~(A) a discussion of all EMS System treatment protocols and procedures;~~
- ~~(B) an explanation of the specific scope of practice for credentialed EMS personnel, as authorized by the approved EMS System treatment protocols as required by Rule .0405 of this Chapter;~~
- ~~(C) a discussion of all practice settings within the EMS System and how scope of practice may vary in each setting;~~
- ~~(D) a mechanism to assess the student's ability to effectively use EMS System communications equipment including hospital and prehospital devices, EMS communication protocols, and communications contingency plans as related to on-line medical direction; and~~
- ~~(E) the successful completion of a scope of practice evaluation administered under the direction of the medical director.~~

(13) written policies and procedures to address management of the EMS System that includes:

- (A) triage and transport of all acutely ill and injured patients with time-dependent or other specialized care issues including but not limited to trauma, stroke, STEMI, burn, and pediatric patients that may require the by-pass of other licensed health care facilities and which are based upon the expanded clinical capabilities of the selected healthcare facilities;

- 1 (B) triage and transport of patients to facilities outside of the system;
2 (C) arrangements for transporting patients to appropriate facilities when diversion or bypass
3 plans are activated;
4 (D) reporting, monitoring, and establishing standards for system response times using data
5 provided by the OEMS;
6 (E) weekly updating of the SMARTT EMS Provider information;
7 (F) a disaster plan; and
8 (G) a mass-gathering plan.
9 (14) affiliation with the trauma RAC as required by Rule .1101(b) of this Subchapter; and
10 (15) medical oversight as required by Section .0400 of this Subchapter.

11 (b) An application to establish an EMS System shall be submitted by the county to the OEMS for review. When the
12 system is comprised of more than one county, only one application shall be submitted. The proposal shall
13 demonstrate that the system meets the requirements in Paragraph (a) of this Rule. System approval shall be granted
14 for a period of six years. Systems shall apply to OEMS for reapproval.

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16 *History Note: Authority G.S. ~~131E-155(a)(8), (a)(9), (a)(15); 131E-155(1), (6), (8), (9), (15); 143-508(b); (d)(1),~~*
17 *~~(d)(2), (d)(3), (d)(5), (d)(8), (d)(9); (d)(9), (d)(10), (d)(13); 143-509(1); 143-509(1), (3), (4), (5);~~*
18 *~~143-517; 143-518;~~*
19 *Temporary Adoption Eff. January 1, 2002;*
20 *Eff. August 1, 2004;*
21 *Amended Eff. January 1, 2009.*